									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003										EXTE	Pg	05°	1 3//		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OF	OTHER			
TOTAL CLAIMS			8		·			RATE		FEE	1	RATE	FEE -		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 3		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			7. minus 20=					XS 9=			OR	X\$18=	-		
INDEPENDENT CLAIMS			/ minus 3 =		1			X43=		· · · · · ·	OR	X86=	86		
ΜL	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=				+290=	-		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	_		OR	TOTAL	85k		
CLAIMS AS AMENDED - PART II								1017	۱ ۲		Jon	OTHER			
,					Column 2) (Column 3)			SMALL ENTITY		NTITY	OR	SMALL			
AMENDMENT A	2/12/07	CLAIMS REMAINING AFTER · AMENDMENT		HIGH NUME PREVIO PAID	BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 8	Minus	-20	2	=		XS 9=		)	OR	X\$18=			
	Independent	. 4	Minus	4		-		X43=	7	/	OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		7	OR	+290=			
									u l	(		TOTAL			
		•	ADDIT. FE	EL		,	ADDIT. FEE	,							
AMENDMENT B		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		(Colun HIGH NUME PREVIO PAID I	EST BER JUSLY	PRESENT EXTRA		RATE	ŀ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		XS 9=			OR	X\$18=			
	Independent	•	Minus	***		=	lt	X43=	1		OR	X86=			
`	FIRST PRESE	ENDENT	CLAIM		l	.145-	1			+290=					
•							Į	+145=			OR	TOTAL			
							F	ADDIT. FE			OR ,	ADDIT. FEE			
. 1				(Colum		(Column 3)	l -		_	400:	ſ		400)		
AMENDMENT C	· .	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	#	Minus	**		=		X\$ 9=	ļ	ŧ	OR	X\$18=			
	independent	•	Minus	***		=		X43=	T		OR	X86=			
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		!	. 4.45	†		I	.000			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=	4		OR [	+290= TOTAL			
	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less that	n 20, enter "20."	A	DDIT. FE			OR ,	DDIT. FEE			
		ber Previously Paid					r four	nd in the a	ppr	opriate box	in colu	umn 1.	1		